

**State of Hawaii
Department of Transportation
Instructions for
Re-certification of Disadvantaged Business Enterprise**

The information requested in this application is necessary to determine whether your firm continues to qualify as a *bona fide* Disadvantaged Business Enterprise (DBE) according to the guidelines established by the Code of Federal Regulations (CFR) 49, Part 26, Subparts D and E.

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Documentation

The applicable documents identified in Attachment III must be submitted with each application. The re-certification process cannot be completed until all these documents are received by the State of Hawaii, Department of Transportation (HDOT). Additional documents may be required at the discretion of the HDOT. Send completed application, Personal Financial Statement and supporting documents to:

State of Hawaii
Department of Transportation
Office of Civil Rights/Disadvantaged Business Enterprise
869 Punchbowl Street, Room 112
Honolulu, Hawaii 96813
Phone: (808) 587-2023 TTY: (808) 587-2210 Fax: (808) 587-2025

Site Visits

The HDOT staff may schedule an on-site visit prior to re-certification if there are substantive changes that affect your DBE eligibility. The on-site visit is not applicable to out-of-state firms.

Acknowledgement

Submission of this application indicates that you understand and accept the conditions for participation in HDOT's DBE Program:

1. Applicant agrees to permit the HDOT access to inspect the applicant's place(s) of business.
2. Applicant agrees to notify HDOT within 30 days of any changes in information supplied in this application.
3. Applicant agrees to submit a "Change Affidavit" and supply gross receipts information annually to HDOT (except in the re-certification year).

HDOT reserves the right to require further information for the applicant prior to or during the recertification process. Once re-certified, the certification is effective for at least three years. Upon completing the review, you will receive written notification of your certification status. If you are denied certification, you will be notified in writing of the reasons and the appeal procedure.

ALL ITEMS NOT APPLICABLE MUST BE SO INDICATED WITH N/A.

**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
DISADVANTAGED BUSINESS ENTERPRISE (DBE)
RECERTIFICATION APPLICATION**

Application Date _____

1. FIRM PROFILE

Name of Firm: _____			
Contact Person: _____		Title: _____	
Business Address: _____ (P.O. Box unacceptable) No. _____ Street _____ Suite/Unit Number _____			
_____ City _____		_____ State _____ Zip Code _____	
Mailing Address: _____ (if different) No. _____ Street _____ Suite/Unit Number _____			
_____ City _____		_____ State _____ Zip Code _____	
E-Mail Address: _____		Web-Site: _____	
Telephone Number: () Area Code + Number		Fax Number: ()	
Other Number (cell or pager) ()			
Is Business address and/or business phone number also a residence address or phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Federal Identification Number:

2. TYPE OF BUSINESS

Indicate the nature of the firm's business with a check mark, and list the North American Industry Classification System (NAICS) code(s) for which you are seeking certification in the space below (you may search your firm's NAICS and size standard at <http://www.census.gov/epcd/naics02>):

- ☐ Concession
 ☐ Construction
 ☐ Consultant
 ☐ Manufacturer
☐ Service Provider
 ☐ Supplier
 ☐ Other (please describe): _____

NAICS: _____

State of Hawaii/Department of Transportation/DBE Recertification Application**3. FIRM QUALIFICATIONS**

- A. Is your firm registered to do business in Hawaii? ☐ Yes ☐ No
(you may access the web sites at www.state.hi.us/dcca and www2.state.hi.us/spo for information about registering your business and the State of Hawaii procurement requirements.)
- B. Date this firm was established _____
- C. Indicate your firm's active business license(s) and other pertinent license(s) or permit(s).

Type of Licensee	Issuing Authority	Name of Licensee	License No.	Exp Date

4. RELATIONSHIPS WITH OTHER BUSINESSES

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, identify: Other Firm's name: _____ Explain nature of shared facilities: _____		
(2) At present, or at any time in the past, has your firm:	(a) been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(c) owned any percentage of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) had any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (<i>attach extra sheets, if needed</i>):		
<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.		
2.		
3.		

5. OWNERSHIP OF THE FIRM

- A. Percent Ownership: _____ % Women _____ % Minority
- B. Type of Ownership:
- ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP
- ☐ Joint Venture ☐ Other Business Entity (please describe): _____

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C. List all owners whose ownership and control are relied upon for DBE certification.

NAME	ETHNICITY	GENDER	DATE OF OWNERSHIP	PARTNERSHIP % / VOTE %	NUMBER OF SHARES (CORP. ONLY)	U.S. CITIZEN OR RESIDENT

Has the ownership of the company changed since the last certification by the HDOT? If so, please explain and attach supporting documentation evidencing the change.

D. List any additional contributions (of money, equipment, real estate, etc.) made to the company since the last certification by the HDOT.

TYPE OF ADDITIONAL CONTRIBUTIONS	DOLLAR VALUE IF OTHER THAN CASH	FROM	PURPOSE

E. Describe or attach a copy of any stock options or other ownership options that are outstanding and any agreements between owners, or between owners and third parties, which restrict ownership, or control of disadvantaged owners.

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F. State the amount of all compensation, income, payments, revenue, reimbursements and distributions of any kind each owner is entitled to receive and/or accrue from the applicant firm.

Name	Current Annual Salary	Total Dividends for past 2 years	*Total Debt Repayment	*Total Other Compensation
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

* If these columns apply, please attach an explanation for these items

G. If Applicant is a corporation, partnership, LLP or LLC, please provide the name, position, and date elected (if applicable) for each officer, director, partner, member, etc.:

Name	Position(s) **	Date(s) Elected

** For corporations: Indicate whether director, and if officer, state position as well.

For partnerships/LLPs/LLCs: Indicate all that apply - either general, limited, or managing partner, and/or management committee member

H. Has the Board of Directors, Officers, governing body or membership changed within the last three years?

☐ Yes ☐ No

If so, list the names of the former participants.

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A. The following duties are actually performed by the persons named below: (indicate with an * all authorized check signers).

MANAGEMENT TASK	NAME	REPORTS TO
Proposal, estimate and bid writing		
Hiring and firing of management personnel		
Purchasing of major equipment and supplies		
Financial control		
Contract negotiation and approval		
Contract administration		
Determines jobs firm will undertake		
Marketing and sales		
Warehouse and inventory control		
Field supervision		

- B. For each person listed above attach a brief summary of the person's experience, and number of years with the firm, indicating the person's qualifications for the responsibility given him or her.
- C. Identify any owner or management official of the named firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named firm. Present business relationships include shared space, equipment, financing or employees, as well as both firms having the same owners. Describe in Item 6C.
- D. What were the firm's gross receipts (including *all* affiliates) and number of employees for the last three (3) years.

YEAR ENDING	GROSS RECEIPTS	NO. OF EMPLOYEES

- E. List all sources and amounts of money loaned to the firm.

DATE	SOURCE	AMOUNT

7. CERTIFICATION INFORMATION

A. Has this firm been certified as a DBE within the last three years by any State or Governmental agency? ☐ Yes ☐ No

If yes, please list name(s) of State(s) and Certifying Agency: _____

Date of Certification: _____

ATTACH COPIES OF CERTIFICATION LETTERS

B. Indicate if the firm or other firms with any of the same officers has previously been denied certification or participation as a DBE and describe the circumstances. Indicate the name of the certifying authority and the date of such denial.

CERTIFYING AUTHORITY	DATE OF CERTIFICATION DENIAL

C. Please use the space provided below to explain any of the above items. You may attach additional sheets if necessary.

AFFIDAVIT OF CERTIFICATION

(Must be signed and notarized for EACH owner upon which disadvantaged status is relied.)

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I, _____ (print full name), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of including certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denials of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certified Program (UCP) of any material change to the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.)

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I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business (DBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (check all that apply):

- ☐ Female
- ☐ Black American Hispanic American
- ☐ Native American
- ☐ Asian-Pacific American
- ☐ Subcontinent Asian American
- ☐ Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identify as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Name of Firm

Print Name

Title

Signature

Date

On this _____ day of _____, _____, before me appeared _____, who being duly sworn, did execute the foregoing affidavit, and did state that he or she was property authorized by _____ (name of firm) to execute the affidavit and did so as his or her free act and deed.

Witness my hand and seal.

Notary Public
State of _____
My Commission expires: _____

**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
REQUIRED SUPPLEMENTAL DOCUMENTS FOR DBE RECERTIFICATION**

The following documents must be submitted with this application. Failure to submit all the required information will result in a delay and/or termination in the processing of your application for recertification. To avoid loss of important documents, please present a complete packet at one time. All applicants *must* submit the required documents for Section I, and Section IIA, IIB, IIC or IID, as applicable to your form of legal organization. Please place checkmarks in the appropriate blanks. If certain items are not applicable to your business, please indicate by writing N/A next to the item and attach an explanation.

I. REQUIRED DOCUMENTS FOR ALL APPLICANTS

- ☐ 1. Any changes to the resume(s) of owners or principals (education, training & employment experience).
- ☐ 2. Applicable license(s) and permits
- ☐ 3. Signed leases for office/storage space within the last 3 years
- ☐ 4. Copies of DBE, SBA 8(a) or SDB certification or denial letters within the last 3 years
- ☐ 5. Copies of all signed loan agreements within the last 3 years
- ☐ 6. List of projects/contracts completed or ongoing for the last calendar year
- ☐ 7. Affidavit of Certification for each disadvantaged owner (Attachment II)
- ☐ 8. Personal Financial Statement for each disadvantaged owner (Attachment V)
- ☐ 9. U. S. Individual Income Tax Returns for last 2 years for each disadvantaged owner (all schedules and W2s)
- ☐ 10. Affidavit of Personal Net Worth for each disadvantaged owner (Attachment VI)

II. REQUIRED DOCUMENTS BY FORM OF LEGAL ORGANIZATION
(Complete either Section A, B, C or D according to your form of legal organization)

A. For a Sole Proprietor

- ☐ 1. Federal Tax Returns (Form 1040), Schedule C, Profit or Loss from Business, for the last 3 years

B. For a Partnership

- ☐ 1. Any changes to the Partnership Agreement within the last 3 years
- ☐ 2. Buy-out rights agreement within the last 3 years
- ☐ 3. Profit sharing agreement within the last 3 years
- ☐ 4. Federal Tax Returns (Form 1065) **(first page only)** for the most recent 3 years

C. For a Limited Liability Company (LLC)

- ☐ 1. Any changes to the Articles of Organization within the last 3 years
- ☐ 2. Any changes to the Operating Agreement within the last 3 years
- ☐ 3. Minutes of the Board meetings held within the last year
- ☐ 4. Federal Tax Returns (Form 1065), **(first page only)** for the most recent 3 years

D. For a Corporation

- ☐ 1. Any changes to the Articles of Incorporation within the last 3 years
- ☐ 2. Any changes to the Corporate By-Laws within the last 3 years
- ☐ 3. Minutes of Stockholders and Board Meetings for the last year
- ☐ 4. Minutes of the most recent corporate organizational meeting affecting ownership, management, and control
- ☐ 5. Stock transfer ledger
- ☐ 6. Copies of stock certificates issued, front and back (not specimen) during the last 3 years
- ☐ 7. Copies of any written agreements concerning financial operations and/or control of the firm
- ☐ 8. Federal Tax Returns (Form 1120S or 4562) **(first page only)** for the last 3 years

<p>PLEASE CHECK OFF EACH DOCUMENT TO BE SUBMITTED IN ORDER TO FACILITATE THE PROCESSING OF THE APPLICATION</p>

Instructions for Completing the Personal Financial Statement

Effective July 16, 2003, changes to the Disadvantaged Business Enterprise (DBE) regulations mandate the use of the Small Business Administration's (SBA) Personal Financial Statement (SBA Form 413)

DBE Program regulations, 49 CFR, Part 26.67 (2) (i) address the Personal Net Worth (PNW) requirements as follows:

- (2) (i) You must require each individual owner of a firm applying to participate as a DBE whose ownership and control are relied upon for DBE certification to submit a signed, notarized statement of Personal Net Worth, with appropriate supporting documentation.

Therefore, for purpose of the DBE Program, PNW forms are to be provided for the socially and economically disadvantaged owners of the business. Non-disadvantaged owners are not required to provide a PNW form.

If an individual is married, please note the following:

All assets and liabilities should be halved accordingly on the form if jointly held. If assets and liabilities are separately owned, these items should only be reported on the respective owner's form.

EXAMPLES:

John and Mary Smith jointly own their primary residence valued at \$200,000. They each claim 50% ownership on the property. John would only report his 50% interest, \$100,000, on his Personal Financial Statement.

Mary Smith has a vacation home in another state valued at \$200,000. She owns the vacation home in its entirety. John would not report this on his Personal Financial Statement.

Individuals who are married and who collectively own 51% or more of the firm, must submit separate Personal Financial Statements and Affidavits of Personal Net Worth. For example, if a married couple owns 50% each of the business, both individuals are required to submit Personal Financial Statements and Affidavits of Personal Net Worth. However, if one spouse individually owns 51% of the firm, then only that individual will be required to submit these documents.

If necessary, use additional sheet(s) of paper to report all information and details.

ASSETS

Cash on hand & in banks:

Enter the amount of cash on-hand in you checking accounts.

Savings Account:

Enter the total cash in all savings accounts.

IRA or other Retirement Accounts:

Enter the total present value of all IRAs and other retirement accounts, including any Deferred Compensation and Pension Plans, less any tax and/or interest penalties that would accrue if the assets were distributed at the present time. You may be requested by HDOT to provide copies of most recent statements to substantiate the amount listed.

Accounts & Notes Payable

Enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm.

Life Insurance:

Enter the cash surrender value of any life insurance policies. A complete description is required in Section 8.

Stocks and Bonds:

Enter the current market value of your stocks/bonds. A complete listing and description is required in Section 3.

Real Estate:

Enter the current fair market value of all real estate owned. A complete listing and description of all real estate owned is required in Section 4.

Automobile:

Enter the current fair market value of all automobiles owned.

Other Personal Property:

Enter the current fair market value of all other personal property owned, but not included in the previous sections (i.e. furniture, jewelry, etc.). A complete description of these assets is required in Section 5.

Other Assets:

Enter the current fair market value of all other assets owned, but not included in the previous sections. Indicate the value of any other businesses owned by applicant, on this line. A complete description of these assets is required in Section 5.

LIABILITIES

Accounts Payable:

Enter the total value of all unpaid accounts payable that is your responsibility (i.e. gas, electric, telephone bills, etc.).

Notes Payable to Bank and Others:

Enter the total amount due on all notes payable to banks and others paid on an installment basis. Please be sure to indicate the total monthly payment in the space provided. This should include the amount of any loans from the applicant firm. This should not, however, include any mortgage balances. A complete description of all installment accounts is required in Section 2.

Loans on Life Insurance:

Enter the total value of all loans due on Life Insurance Policies. A complete description is required in Section 8.

Mortgages on Real Estate:

Enter the total balance on all mortgage(s) payable on real estate. A complete breakdown of all mortgage(s) on real estate is required in Section 4.

Unpaid Taxes:

Enter the total amount of all taxes that are currently due, but are unpaid. Contingent tax liabilities or anticipated taxes for current year should not be included. A complete description is required in Section 6.

Other Liabilities:

Enter the total value due on all other liabilities not classified in the previous section. A complete description is required in Section 7.

SECTION 1. SOURCE OF INCOME

Salary:

Enter the amount of your total annual salary. This include any salary from the applicant firm and if applicable, any salary from outside employment.

Net Investment Income:

Enter the total amount of all investment income (i.e. dividends, interest, etc.)

Real Estate Income:

Enter the total amount of all real estate income received from the sale, rental, lease, etc. of real estate held.

Other Income:

Enter the total amount of all other income received (i.e. alimony, Social Security, Pension, etc.) Please be sure to describe the source of the other income in the space provided below in this section.

CONTINGENT LIABILITIES

As Endorser or Co-Maker:

Enter the total potential liabilities due as a result of being a co-signer for a loan or other commitments.

Legal Claims and Judgments:

Enter the potential liabilities due as a result of legal claims from judgments, lawsuits, etc.

Provisions for Federal Income Tax:

Enter the total amount of all Federal taxes for which you are potentially liable due to an anticipated gain on the pending sale of an asset or other circumstances, such as pending disputes or litigation which could possibly result in a personal tax liability.

Other Special Debt:

Enter the total amount due on all remaining potential debts not accounted for.

SECTION 2. NOTES PAYABLE TO BANKS AND OTHERS

Enter the name and address of note holder(s), original balance, current balance, payment amount, frequency, and how secured for each note payable as entered in the “**Liabilities**” column.

SECTION 3. STOCKS AND BONDS

Enter the number of shares, names of securities, cost, fair market value, and the date of fair market value for all shares of stock and bonds held.

SECTION 4. REAL ESTATE OWNED

Starting with your primary residence, enter the type of property, address, date of purchase, original cost, present fair market value, name and address of mortgage holder, mortgage account number, mortgage balance, amount of payment, and status of mortgage for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, commercial properties, etc.

These values should correspond with the “Real Estate” amount listed in the “ASSETS” column. Additionally, these values should correspond with the “Mortgages on Real Estate” amount listed in the “LIABILITIES” column.

SECTION 5. OTHER PERSONAL PROPERTY/OTHER ASSETS

Describe the “Other Personal Property” and “Other Assets” owned as listed in the “ASSETS” column.

SECTION 6. UNPAID TAXES

Describe in detail, as to the type, to whom payable, when due, amount, and to what property, if any, the tax lien attaches. Please refer to the unpaid taxes listed in the "LIABILITIES" column. If none, state NONE. This section should not include the contingent tax liabilities or anticipated taxes owned for the current year.

SECTION 7. OTHER LIABILITIES

Describe in detail any other liabilities as referenced by the value listed in the "LIABILITIES" column. If none, state NONE.

SECTION 8. LIFE INSURANCES HELD

Describe all life insurance policies held. Please be sure to include the face amount of the policies, name of insurance company and beneficiaries and cash surrender values of the policies.

If your Adjusted Net Worth exceeds the \$750,000 cap and you, individually, or you and other individuals are the majority owner(s) exceeds the \$750,000 cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact your certifying agency in writing to advise the firm no longer qualifies.

Checklist:

- 1. Did you sign the Personal Financial Statement?**
- 2. Did you provide your Social Security Number?**
- 3. Did you sign the Affidavit in front of a Notary Public?**
- 4. Did you enclose the U. S. Individual Income Tax Returns for the previous two years?**

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned.	(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)		
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets.	(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes.	(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities.	(Describe in detail.)

Section 8. Life Insurance Held.	(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).		
Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

PLEASE NOTE:	The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.
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Affidavit of Personal Net Worth

State of _____)
)
County of _____) SS.

Company Name: _____

The undersigned swears, under penalty of the perjury laws of the United States, that the foregoing statements are true and correct and include all material information necessary to identify and establish the applicant's personal net worth. Further, the undersigned swears that he or she **is in fact socially and economically** disadvantaged. **Further, the undersigned agrees** to permit the audit and examination of his/her personal and business records and files to verify the accuracy of the statements made. Any material misrepresentation will be grounds terminating eligibility as well as any contract that may be awarded and for initiating action under Federal and/or State laws concerning false statements.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print Name	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Title
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of owner/applicant	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date

On this _____ day of _____, _____ before me
appeared _____ who, being duly sworn, did
execute the foregoing affidavit, and did state that he/she did so as his or her
free act and deed.

{Seal}

Notary Public_____

Commission expires_____

Date